



New Jersey Youth Soccer

KidSafe Program Club Certification

PLEASE PRINT

Club Name: _____

Club Number: _____

KidSafe Coordinator:

Name: _____

Address: _____

Town: _____ State: _____ Zip: _____

Phone() _____

I certify that the club named above has on file a KidSafe "Employment/Volunteer Disclosure Statement" form and/or a "Memo for Record" for every volunteer or employee associated with our organization.

Signature

Date: _____

Attach the following documentation

1. A list of names of every volunteer or employee for which you have a form on file
2. The name, address, and identification information of any individual you have disqualified
3. The name, address, and identification information of any individual you have completed a Memo for Record

THIS FORM MUST BE RECEIVED IN THE NJYS OFFICE BY OCTOBER 1st EVERY YEAR. FAILURE TO COMPLY WILL PLACE YOUR CLUB "NOT IN GOOD STANDING" WITH NJYS